

Request for Business Name Change on Plumbing Contractor License

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Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330

Fee: \$20.00

Authority: 1929 PA 266 Completion: Mandatory Penalty: License will not be issued	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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Instructions

- Complete and **sign original** application. Type or print in ink.
- Your signature must be notarized.
- Plumbing contractors who wish to change the company name shall provide one of the following:
 - Current copies of partnership papers.
 - Current copies of incorporation papers.
 - A notarized letter stating you are the sole proprietor.
- If you are changing your company name you must complete the Construction Lien Fund Plumber Membership Application and submit the fee to the address provided on the card.
- **Your original pocket and wall license must accompany this request (both contractor and master licenses).** Retain a copy of this application and a copy of your current licenses until new licenses are issued.
- The provisions of 2002 PA 733 states, "An individual licensed under this act employed or acting as a plumbing inspector shall not engage in, or be directly or indirectly connected with, the plumbing business including, but not limited to, the furnishing of labor, materials, or appliances for the construction, alteration, or maintenance of a building or the preparation of plans or specifications for the construction, alteration, or maintenance of a building and shall not engage in any work that conflicts with his or her official duties."
- Social Security Number: A person may be exempt from providing this information under 1996 PA 236. A person is not required to include this information when exempt under this act from obtaining a social security number or for religious convictions prohibiting the disclosure of this information.
- Enclose a check or money order made payable to the **State of Michigan**.

LICENSE NUMBER(S)

80 - _____

81 - _____

Current Information

OLD BUSINESS NAME	NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER
HOME ADDRESS			DATE OF BIRTH
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

New Name/Business Name

EXACT NEW BUSINESS NAME TO APPEAR ON LICENSE			
BUSINESS ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
Are you employed as a plumbing inspector? Yes No If yes, indicate type of municipality below and provide name. 1. State 2. County 3. City 4. Village 5. Township _____			
List any licenses with the business name you now wish to represent for which you have previously paid into the Construction Lien Fund. License Number(s) _____			

Certification and Signature

I hereby certify the above information is true and accurate to the best of my knowledge and I have no outstanding permits with any agency.	
SIGNATURE OF PLUMBING CONTRACTOR	DATE

Subscribed and sworn before me, this _____ day of

_____, _____, a Notary Public

in and for _____ County, Michigan.

(Signature of Notary Public)

My Commission expires: _____.